

## **GENERAL CHECKLIST FOR POLYSOMNOGRAPHY APPLICANTS**

**\*\* Questions? Call (208) 327-7000, extension 229, or e-mail [jodi.adcock@bom.idaho.gov](mailto:jodi.adcock@bom.idaho.gov) \*\***

**Fee** must accompany application. **APPLICATION WILL NOT BE PROCESSED UNLESS ACCOMPANIED BY THE APPROPRIATE FEE.** See your application summary regarding the amount to be sent with your application. **NOTE:** Applicants with an active Idaho Respiratory Therapist license may apply for and obtain a permit for polysomnography related respiratory care without paying an application fee.

**Applications** must be on forms provided by the Board and all sections must be complete. Please type or print in ink. Applications must be legible.

**Front page of application:** If applicant has not applied for licensure/registration/permit in other states, write “Not Applicable” in the appropriate section.

**Back page of application:**

**Chronological account of time** – Account for **all** periods of time beginning with the month applicant last received training/education up to the present time, leaving no gap in time of more than one month. Attach additional pages if necessary.

**Questions** – Answer all questions 1-8. Provide details, if necessary, on a separate sheet. Court documents may be required.

**Photo(s)** – Does not need to be a professional photo, but no instant photos, and no Polaroid photos. A **clear** and **in focus** 3”x4” snapshot taken of the head and shoulders only, with a 35mm camera, is a good choice. **Clear** and **in focus** digital camera photos are acceptable as long as they are printed on photo-quality paper. A signature on the front of the photo is **required**.

**Notarized** – Application must be notarized and signed in **all** of the appropriate places by a notary public.

**Certificates of Recommendation:** This form may be duplicated. Fill in the top section. Send this form to **two** individuals who have known the applicant professionally for at least **one** year (**no relatives**). Recommendations must be on the form provided or on letterhead addressed to the Board of Medicine. Names and addresses must be legible.

**Verification of Registration/Licensure/Permit:** This form may be duplicated. This is required from **every state** where the applicant has ever held a registration/license/permit and must come directly from the state to the Board. **NOTE:** Most states require a fee for this service, paid in advance. It is strongly suggested that you contact the state(s) before sending your request to prevent delays and to determine the best way to send required fees.

**CPR Certification Verification:** Applicant must be currently certified in cardiopulmonary resuscitation (CPR). Please provide a photocopy of current CPR card.

**FAXED** supporting documents can be accepted, but the hard copy is required as well. The applicant’s section of the application cannot be faxed. FAX# (208) 327-7005.

**PLEASE NOTE:** Forms received prior to receipt of application and licensure fee will be held in a “Misc. Forms” file for up to one year. After one year, the forms will be thrown away.

**No practice is permitted prior to issuance of a permit number.**

**Applicants are advised not to enter irrevocable contracts, purchase or sales agreements, on the assumption that a permit will be granted.**